

1R \$1143

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/866,030
		Filing Date	May 25, 2001
		First Named Inventor	Bhullar
		Art Unit	1743
		Examiner Name	Siefke
Total Number of Pages in This Submission	6 + Ref.	Attorney Docket Number	RDID 0090 US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Two References
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Return-Receipt Postcard (1pp)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	The Law Office of Jill L. Woodburn, LLC		
Signature			
Printed name	Jill L. Woodburn		
Date	September 20, 2005	Reg. No.	39874

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Jill L. Woodburn	Date	September 20, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180.00)

Complete if Known

Application Number	09/866,030
Filing Date	05-25-2001
First Named Inventor	Bhullar
Examiner Name	Siefke
Art Unit	1743
Attorney Docket No.	RDID 0090 US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2958 Deposit Account Name: Roche Diagnostics Operations, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)**

Other (e.g., late filing surcharge): information disclosure statement **180**

SUBMITTED BY

Signature	<u>Jill L. Woodburn</u>	Registration No. (Attorney/Agent)	39874	Telephone	219-764-4005
Name (Print/Type)	Jill L. Woodburn	Date	09-20-2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Docket No. RDID 0090 US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: BHULLAR et al.

Serial No.: 09/866,030

Filed: May 25, 2001

For: BIOSENSOR

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Supplemental Information Disclosure Statement

Sir:

This supplemental statement is filed in the application identified above pursuant to 37 C.F.R. §1.56 and in compliance with the requirements of 37 C.F.R. §1.98. The references listed on the attached form were cited in a communication received from the Japanese Patent Office. The Examiner's attention is called to the references listed on the attached form.

No representation is intended that a complete search has been made of the prior art or that better art references are not available. The filing of this supplemental statement shall not be construed to be an admission that the information cited in this statement is, or is considered to be, material to patentability as defined in §1.56 (b).

It is not believed that fees are due in connection with this Statement, however if necessary, please change all fees due in connection with this supplemental disclosure statement to Deposit Account No. 02-2958 with reference to (RDID 0090 US)

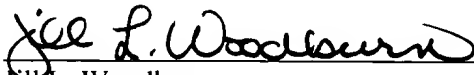
Respectfully submitted,

The Law Office of Jill L. Woodburn, L.L.C.

09/23/2005 SHASSEN1 00000052 022958 09866030

01 FC:1806 180.00 DA

September 20, 2005
Date


Jill L. Woodburn
Registration No. 39,874



U.S. Department of Commerce Patent and Trademark Office				ATTY DOCKET NO. RDID 0090US		SERIAL NO. 09/866,030	
				APPLICANT Bhullar et al.			
				FILING DATE May 25, 2001		GROUP 1743	
INFORMATION DISCLOSURE STATEMENT							
*Examiner Initial		Document Number	Date	Name	Class	Subclass	Filing Date if Appropriate
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
FOREIGN PATENT DOCUMENTS							
		Document Number	Date	Country	Class	Subclass	Translation Yes No
	12	01-291153	11-22-89	JP	G01N	27/28	Yes abstract
	13	04-264246	09-21-92	JP	G01N	27/327	Yes abstract
	14						
	15						
	16						
OTHER REFERENCES (Including Author, Title, Date, Pertinent Pages, etc.)							
	17						
	18						
	19						
Examiner					Date Considered		

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609.
Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.